

**TREATMENT ASSISTANCE PROGRAM
AGENCY ENROLLMENT APPLICATION****SECTION A – AGENCY INFORMATION**

AGENCY/PRACTICE NAME: _____

FEDERAL TAX ID: _____

ADDRESS: _____
city state zip

PHONE: _____ FAX: _____ E-mail: _____

PRINCIPLE NAME: _____

SECTION B – GAMBLING TREATMENT COUNSELOR INFORMATION

List the names of all staff to be providing TAP services. **Each individual listed must complete a staff enrollment form** (attached) and submit all required documentation.

NAME	Position Title

SECTION C – PROGRAM INFORMATION

Respond to the following items. Responses shall include any information about experience and/or expertise that demonstrates ability to provide the services requested. Information submitted under this section will be a significant consideration in the OPG determining the amount of funding potentially available to the applicant over the course of the contract year.

A. Describe the design/proposed design of Treatment Assistance Program services at your agency/practice. Include information about where services will be delivered and any special or unique services that you or your agency will offer.

B. Describe the target population of your proposed service. Include any special populations for which your agency/practice has expertise such as specific age groups, gender, geographic locations, foreign languages, ethnic groups, and presenting problems such as substance abuse, legal issues, etc.

C. Describe how your agency/practice will increase the participation of affected persons in the treatment process for problem gamblers.

D. Describe how your agency/practice has historically received referrals for problem gambling services and any plans the agency has for maintaining, changing or improving the process in the 2006 calendar year.

E. Submit professional liability insurance certificate documenting compliance with insurance requirements delineated in the Uniform Terms and Conditions.

NOTICE – VENDOR REGISTRATION

To be eligible for a contract for outpatient services you must be registered with SPIRIT, the State of Arizona's electronic procurement system. Failure to register with SPIRIT will prohibit the Department of Gaming from contracting with your agency.

To register with SPIRIT, go on the internet to www.spirit.az.gov and follow the directions to register. Enter commodity code 0952-0900 when registering. Please complete this process PRIOR to sending in your application to avoid delays in processing.

I certify that the information provided on this form is true and correct. I will notify the Office of Problem Gambling Treatment Administrator of any additions/changes to the information.

Name (Please print)

Title

Signature

Date

Mail the complete application along with supporting documentation to:

Arizona Office of Problem Gambling
Attn: Treatment Administrator
202 East Earll, Suite 200
Phoenix, AZ 85048

